

DISTRIBUTOR'S REPORT OF INSTALLATION

Distributor name: _____

DIS _____

Date _____

Charitable organization name: _____

ORG : _____

Model # of Devices	# of Devices Installed	Date Installed	Serial #'s of devices	Model # of Site System	Serial # of Site System

Playing Location

Name: _____

Address: _____

Telephone number: _____

Facility license number: _____

Manufacturer/Distributor from whom obtained:

Name: _____

License # : _____

Date

Signature

Printed name

Title